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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND
SUPPLEMENTARY FUNDS FOR A PROGRAMME IN THE AMERICAS
AND CARIBBEAN REGION WITH ANNUAL PLANNING LEVELS
NOT EXCEEDING \$1,000,000*

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for a programme with an annual planning level not exceeding \$1,000,000. The Executive Director recommends that the Executive Board approve the following amount from general resources, subject to the availability of funds, and the following amount in supplementary funds, subject to the availability of specific-purpose contributions, for the country programme listed below.

<u>Country/programme</u>	<u>Amount</u> (United States dollars)		<u>Duration</u>
	<u>General resources</u>	<u>Supplementary funds</u>	
Guyana	3 750 000	3 000 000	1995-1999

A summary of the recommendation follows.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. The necessary adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the summary of 1994 recommendations for general resources and supplementary funding programmes (E/ICEF/1994/P/L.3 and Add.1).

GUYANA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	0.3
Under-five mortality rate (U5MR) (per 1,000 live births)	65
Infant mortality rate (IMR) (per 1,000 live births)	49
Underweight (per cent moderate and severe) (1981)	22
Maternal mortality rate (MMR) (per 100,000 live births) (1984)	200
Literacy (per cent male/female) (1990)	98/95
Primary school enrolment (per cent net, male/female)	../..
Percentage of grade 1 reaching grade 4	84
Access to safe water (per cent) (1991)	65
Access to health services (per cent) (1993)	89
Gross national product (GNP) per capita (1991)	\$430
One-year-olds fully immunized against (percentage):	
tuberculosis	89
diphtheria/pertussis/tetanus	81
measles	76
poliomyelitis	81
Pregnant women immunized against (percentage):	
tetanus	..

The situation of children and women

1. Over the last two decades, the quality of life of children and women in Guyana has deteriorated as a result of stagnating economic growth, declining per capita gross national product (GNP), reduced real income, high inflation and a reduction in spending on social services. In 1988, a structural adjustment programme was introduced which brought about noticeable macroeconomic improvements, but imposed severe social and economic pressure on the majority of the Guyanese people. Between 1985 and 1991, a 76 per cent decline in wages coincided with a 7,270 per cent increase in the consumer price index (CPI). In 1990, the World Bank declared Guyana the poorest country in the western hemisphere, with a per capita GNP of \$370.

2. The new Government of Guyana, elected in 1992, has expressed its commitment to the principles of the structural adjustment programme, while attaching the highest priority to human resource development and poverty reduction. This is a daunting challenge, as the servicing of the \$2.1 billion national debt absorbs some 75 per cent of export earnings. In addition, the massive emigration of skilled Guyanese seeking a better quality of life has been a determining factor in the decline of the country's physical and social infrastructure.

3. While Guyana is geographically part of South America, economically and socially it belongs to the English-speaking Caribbean Community (CARICOM). The people of Guyana are acutely aware of the slippage that has occurred in their social and economic development. For example, in 1965 the per capita GNP was \$653, compared to \$437 in neighbouring Barbados; by 1990, Barbados had a per capita GNP of \$6,540, while in Guyana the figure had dropped to \$370. The rest of the Caribbean also has made remarkable strides in child survival and development; between 1960 and 1991, the infant mortality rates (IMRs) in Barbados and Jamaica dropped fivefold, compared to a twofold decline in Guyana.

4. Much of Guyana's adult population benefited from universal primary education, basic health care for virtually all children and family food security. The high level of investment in social services of 30 years ago is still a buffer against the worst aspects of the country's economic decline. Thus, the country's basic indicators are still relatively better than the per capita GNP suggests. None the less, the social impact of the economic crisis is visible. The quality of social services has declined and Guyana's education and health indicators are today among the lowest in the Caribbean.

5. IMR is currently estimated at 49 per 1,000 live births. Recent unpublished data of the Ministry of Health suggest, however, that this figure could be closer to 53 per 1,000, or even higher. Moreover, the national IMR masks geographic disparities; IMR is markedly higher in the hinterland and remote coastal regions. Approximately 30 per cent of infant deaths occur in the first seven days of life owing to high rates of pregnancy among girls 14 years of age or younger. The most frequent causes of these deaths are foetal immaturity, low birth weight owing to maternal malnutrition and respiratory distress. In 1991, of all live births, 16 per cent were babies with low birth weight. Other major causes of infant deaths include diarrhoeal diseases and respiratory infections.

6. The under-five mortality rate (USMR) is quite high, at 65 per 1,000 live births. Mortality and morbidity are mainly the result of diarrhoeal diseases (further aggravated by the cholera outbreak in 1992), nutritional deficiencies and acute respiratory infections (ARI). Amerindian children in the hinterland areas are one of the groups most affected by malaria, which has been on the rise since anti-malarial measures were suspended owing to fiscal constraints.

7. The high maternal mortality rate (MMR) of over 200 per 100,000 live births is attributed directly to abortion, toxemia of pregnancy, haemorrhage and post-delivery sepsis. The underlying causes of death include limited access to appropriate health services and little public confidence in the health system. As in the case of neonatal mortality, other causes include early teenage pregnancy, high rate of iron-deficiency anaemia (76 per cent of pregnant women) and maternal malnutrition. Contributing to those direct causes are a shortage of trained birth attendants among the Amerindian population, a shortage of skilled staff at all levels of the health-care delivery system, low availability of family planning services, the use of abortion as a contraceptive and overwork among women. MMR is highest in hinterland areas and remote coastal regions.

8. Limited access to safe water supply and sanitation services in rural areas and the deteriorating coverage of these services in urban areas contribute to the incidence of diarrhoeal diseases. While access to clean water in urban

areas (94 per cent) is higher than in rural areas, poor maintenance arising from the shortage of spare parts and lack of skilled personnel has reduced quality and coverage in recent years. Nationwide, access to safe water supply is 65 per cent, down from 77 per cent in 1987.

9. Literacy, traditionally high in Guyana, has fallen, school attendance is down and successful completion of primary school has declined. While the primary school completion rate is about 80 per cent, its efficiency, quality and relevance are in question, as increasing numbers of children finishing primary school have not mastered basic skills in literacy and numeracy. Poor school conditions, shortages of teaching materials and massive emigration of highly qualified teachers are major problems.

10. The current education system does not meet the specific learning needs of Amerindian children or disabled children, for whom neither specialized nor integrated education is adequately provided. Over the last five years, the number of street children has increased, as has the number of children who have been shifted from one care arrangement to another, as their parents move within Guyana, or overseas, in search of work. The fragmentation of families and the increasing number of single-parent households and abandoned children is thus another dimension of the economic crisis.

11. The lack of current, reliable data on the extent of poverty in Guyana has been a limiting factor in the preparation of the analysis of the situation of children and women. Census data are currently available only from 1980 and household surveys have not been conducted for over two decades. There is a need to strengthen national institutional capacity for data collection and policy analysis.

12. Guyana has ratified the Convention on the Rights of the Child and is in the process of finalizing its national programme of action, which will address the decade goals of the World Summit for Children.

Programme cooperation, 1990-1994

13. The overall objective of UNICEF cooperation in the current programme cycle has been to mitigate the impact of the structural adjustment programme on children, especially in the area of child health, within the framework of the Government's Social Impact Amelioration Programme strategy.

Child survival and primary health care

14. Effective and coordinated tripartite collaboration between the Government, the Pan American Health Organization (PAHO) and UNICEF raised the coverage of immunization services nationwide. Immunization coverage for all six principal antigens increased from 60 per cent in 1989 to 85 per cent in 1992. In 1993, at the request of the Government, UNICEF agreed to support the provision of vaccines for the period 1993-1995, to sustain high coverage rates as a bridge towards national self-sufficiency. The Government is committed to resuming full responsibility for vaccine supplies by 1996 by reinstating its contribution to the CARICOM revolving fund for vaccines.

15. UNICEF support has also been provided to maternal and child health services in the form of essential drugs, medical supplies and equipment for regional health facilities, logistical support, capacity-building for health planning and programming and staff training of 125 community health workers and health visitors. UNICEF also supported a strong social mobilization movement for the control of diarrhoeal diseases as a rapid response to the cholera epidemic in 1992. An important element of this activity was the involvement of four local non-governmental organizations (NGOs) with the capacity to reach out to communities. The use of oral rehydration therapy (ORT) and oral rehydration salts was expanded and the importance of breast-feeding and proper weaning was re-emphasized. Better ARI management also has been advocated, but ARI control is one of the areas in crucial need of programme planning.

Water supply and sanitation

16. UNICEF support was provided for the rehabilitation and expansion of water supply facilities in 15 rural communities where the incidence of diarrhoeal diseases was extremely high. Approximately 80,000 persons benefited from those activities, which were carried out with community participation and included repair of distribution lines, provision of standpipes at homesteads and construction of three wells with motorized pumps. Sanitation activities included construction of demonstration, ventilated improved pit latrines and community education in hygiene and environmental health.

17. The decision to make rural water supply systems a priority took into account the commitment of such other major donors as the World Bank and the Inter-American Development Bank (IDB), which support the rehabilitation of urban systems.

Education

18. UNICEF collaboration helped to improve the quality of pre-school education nationally and the physical environment of selected day-care centres in depressed areas of the capital, Georgetown. This support benefited 3,000 infants and young children by training pre-school teachers, providing essential educational materials and promoting local production of toys and teaching aids.

19. Support was also provided for a pilot adolescent training project in one region, which fosters better parenting skills for future parents. The project now has been replicated in two other regions and has provided training for 150 youths. An assessment of this component points to the broader focus early childhood development should adopt by re-emphasizing the role of parents as the primary educators of young children.

Women in development

20. UNICEF support to activities to empower women and to advance their economic and social development has focused mainly on income generation and health promotion. A revolving fund was established in collaboration with the Women's Affairs Bureau to provide low-cost credit for women. The project has benefited mainly small-scale food producers who have received basic business training.

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The major constraint of this fund has been its limited size, but the fund has highlighted women's need for access to capital. Facts for Life messages were the basis for health promotion activities. Sixty women's groups and 10 regional women's action committees were mobilized for neighbourhood and home visits to promote better health practices and care of young children through face-to-face communication.

Children in especially difficult circumstances

21. UNICEF has advocated the need to review policies and programmes for the growing number of children who lack sufficient protection. UNICEF inputs have focused mainly on street children and children in institutions (e.g., youth offenders), while advocating more holistic approaches to meeting the needs of these children by fostering community involvement in their care. Assistance from the Netherlands Committee for UNICEF has helped in the rehabilitation of two institutions for young offenders and vagrant children. A Government-UNICEF study on the situation of street children has provided a benchmark for setting goals for future interventions.

Advocacy and social policy development

22. Effective advocacy for the adoption of social policies aimed at cushioning the economic and social impact of economic adjustment measures on the most vulnerable groups in the country and for protecting children's rights has contributed to Guyana's ratification of the Convention on the Rights of the Child, its signing of the Declaration of the World Summit for Children and its preparation of a draft national programme of action. The Government is revising this draft and has established a National Commission for Children to oversee the national programme of action process. Activities have increased to raise public awareness of the rights and needs of children and women and to mobilize more alliances inside and outside government for the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The prominence that the President of Guyana is giving to social issues, especially those that affect children and women, has facilitated this process.

Lessons learned

23. The main lesson of the evaluation of the current programme of cooperation is that more attention should be paid to measuring progress towards meeting objectives and that centralized sectoral programme management has dampened initiative for implementation at the local level. Clear, goal-oriented plans of action will be required in the new cycle to address problems more directly and to measure the achievement of targets more effectively. Community-level planning, better targeting of the most needy communities, a participatory approach and regular monitoring to ensure sustainability of services are all areas that need improving.

24. The capacity of government organizations to manage social development projects should be strengthened and resource mobilization for this purpose is an urgent priority. The success of the expanded programme on immunization (EPI) has highlighted how coordination among all agencies working for children and

women maximizes the use of limited resources and helps to manage the demands that agencies providing assistance often place on weak national infrastructures.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(Thousands of United States dollars)

<u>General resources</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>Total</u>
Advocacy and social policy	50	50	50	50	50	250
Health and nutrition	250	232	232	232	232	1 178
Basic education	80	80	80	80	80	400
Integrated development	122	140	140	140	140	682
Programme support	<u>248</u>	<u>248</u>	<u>248</u>	<u>248</u>	<u>248</u>	<u>1 240</u>
Subtotal	<u>750</u>	<u>750</u>	<u>750</u>	<u>750</u>	<u>750</u>	<u>3 750</u>
<u>Supplementary funding</u>						
Health and nutrition	130	130	130	130	130	650
Basic education	90	90	90	90	90	450
Integrated development	<u>380</u>	<u>380</u>	<u>380</u>	<u>380</u>	<u>380</u>	<u>1 900</u>
Subtotal	<u>600</u>	<u>600</u>	<u>600</u>	<u>600</u>	<u>600</u>	<u>3 000</u>
Total	<u>1 350</u>	<u>1 350</u>	<u>1 350</u>	<u>1 350</u>	<u>1 350</u>	<u>6 750</u>

Programme preparation process

25. The preparation phase of the new programme of cooperation for the period 1995-1999 coincides with the beginning of the new Administration. It also coincides with the Government's decision to review and revise the draft national programme of action and to initiate work on social sector policies. In opening the 1993 programme strategy meeting in Georgetown, the President pledged that the social sector allocation in the national budget would be increased to 20 per cent, within the current mandate of the Government. The preparation, in 1993, of the report on the analysis of the situation of children and women in Guyana was a timely exercise and is potentially a powerful advocacy tool for influencing policy and public opinion. It is also a major point of reference for developing the national programme of action while, at the same time, highlighting various information gaps and the need for strengthening data-collection systems. The development of the country programme has been a consultative process involving the Government, NGOs and multilateral and bilateral agencies.

Programme goals, objectives and strategies

26. The proposed UNICEF programme of cooperation for the period 1995-1999 seeks to contribute to broader efforts aimed at mitigating the social impact of

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economic adjustment measures and further promoting social and human development. Within this context, UNICEF cooperation will focus on the basic needs of children and women as beneficiaries and participants in the national development process. Special emphasis will be placed on supporting interventions aimed at accelerating progress towards the mid-decade goals and goals for the year 2000 and on promoting the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

27. The overall objectives of the programme are to support government efforts to achieve the following goals: reducing IMR and USMR to 40 and 50 per 1,000 live births, respectively; reducing MMR to one half the present level; increasing universal immunization coverage by 10 per cent, to 90 per cent, by 1999; eliminating neonatal tetanus and certifying the elimination of poliomyelitis by 1995; reducing moderate and severe malnutrition by 11 per cent and the prevalence of anaemia among pregnant women to less than 50 per cent; improving the efficiency and quality of the primary school system; and improving conditions of children in especially difficult circumstances.

28. The country programme includes a mixture of strategies combining advocacy and social policy, capacity-building for sustained programme delivery, empowerment of communities and support to the delivery of specific services, particularly in an integrated, area-based programme. A special focus of the programme is to expand and improve the outreach capacity of services to the most under-served rural and urban areas, including the hinterland regions, through an area-based approach. Central to this effort will be support for the empowerment of women and youths, who are potentially the greatest agents for change in these communities.

29. While a separate programme on women in development is not foreseen, a gender analysis has been made of all sectoral programmes. In this way, problems related to the fragmentation of families and the excess burden of work on women and children, especially girls and children without protection, will be addressed through interventions targeting areas with the greatest disparities in social indicators. In addition, through the advocacy and social policy programme, UNICEF will cooperate with national and international agencies in Guyana in order that concerns specific to women, such as the legal protection of their rights and their need for special support systems to allow them to fulfil their multiple roles, are addressed as priorities at national and subnational levels.

30. UNICEF resources will complement the activities supported by other United Nations agencies and bilateral and multilateral donors, such as the World Bank, IDB, the United States Agency for International Development (USAID), the Canadian International Development Agency (CIDA) and the Overseas Development Administration of the United Kingdom of Great Britain and Northern Ireland (ODA).

Advocacy and social policy

31. Advocacy activities will seek to stimulate national dialogue on issues related to achieving the mid-decade goals and goals for the year 2000, children's rights and the elimination of all forms of discrimination against

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women, to engender national consensus on protecting the rights of children and women. The sensitization of decision-makers at national and regional levels, and of community and other leaders, will be a major activity in consensus-building, particularly in putting the national programme of action into operation at local government and community levels. Children's participation in advocating respect for their rights will be a feature of the new programme and priorities for advocacy will be an integral part of each sectoral programme.

32. UNICEF will provide technical support to the National Commission for Children to finalize the national programme of action and monitor progress towards the goals nationwide. This will entail a parallel effort to strengthen sectoral collection and analysis of data on children and to support sectoral policy formulation and planning in the key areas for children. UNICEF will support training and technical assistance to improve current systems in these areas.

Health and nutrition

33. This programme aims to contribute to the reduction of U5MR and MMR through support for the expansion and strengthening of the primary health care (PHC) system in coastal areas and in the remote hinterland regions where more rapid progress is essential in order for Guyana to achieve the decade goals. Emphasis will be placed on preventing early pregnancy; providing prenatal services; improving conditions at delivery centres; promoting exclusive breast-feeding and the baby-friendly hospital initiative; reducing micronutrient deficiencies in children and women (in particular anaemia); improving case management of ARI and diarrhoeal diseases, including cholera; sustaining and further increasing immunization coverage; and preventing sexually-transmitted diseases, including the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The link between access to clean water and hygiene education also will be promoted. All of the above-mentioned activities will be implemented within the framework of the national programme of action and the Caribbean cooperation in health initiative, which sets health goals for CARICOM members for the year 2000.

Basic education

34. UNICEF cooperation will contribute to improving the quality and relevance of primary education nationwide by supporting activities designed to reduce high repetition and drop-out rates. Support will be given to strengthen government capacity for policy formulation and planning of primary education reform that promotes the following strategies: changing teaching approaches from expository methods to participatory child-centred methods through improved teacher training; widening coverage of learning materials; and promoting life skills development. Special emphasis will be given to education for development that addresses ethnic group relations, peaceful conflict resolution and gender equity. Increased involvement of parents and communities in the education process will be encouraged to improve the efficiency and effectiveness of the school system. Activities to promote better parenting will also be integral to this programme. UNICEF will continue to cooperate with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and NGOs in all of

these activities and will facilitate Guyana's interaction with the CARICOM Committee on Reform in Education.

Integrated development in selected communities

35. The overall aim of this area-based programme is to mobilize and empower people living in selected marginalized urban, rural and hinterland communities to engage in problem-solving to improve their lives by focusing on the well-being of children and women as an effective entry point to development. UNICEF-supported activities will be carried out within the framework of the Government's decentralization policies and will include support, particularly for capacity-building and improved outreach for integrated basic services delivery at regional and municipal levels. This effort will be vital to achieving the decade goals for children, as these populations are the most affected by major child-survival, development and protection problems. This focus on improving access, coverage and impact of basic services in selected regions of the country will help to accelerate attainment of national goals. Major priorities will include primary health care (PHC), water supply and sanitation, improved educational facilities, support to children in especially difficult circumstances, data collection and analysis at the subnational level and community mobilization and empowerment.

36. Coordination with government agencies, NGOs, community and religious groups and the private sector will be facilitated to promote cost-effective convergence of services.

Programme monitoring and evaluation

37. The Government and UNICEF will monitor implementation of the proposed programmes through on-site visits, periodic programme reviews and the strengthening of government capacity to analyse indicators. The entire country programme will be subject to a comprehensive mid-term review in 1997, at which time adjustments, if any, in strategies, priorities and resource allocation will be agreed upon between the Government and UNICEF.

38. Special emphasis will be placed on providing technical and operational support for empowering beneficiaries to participate actively in planning, monitoring and evaluation activities. The use of sentinel site survey methods to generate local-level impact and monitoring data, for example, will help local agencies and community members assess progress and be involved in decisions on corrective actions.

Programme support

39. UNICEF will provide the administrative and technical staff required for the effective management of cooperation with the Government. To strengthen UNICEF cooperation during this period, one L-4 international project officer post has been created, effective 1 January 1994, in the Guyana Liaison Office, supported by one National Officer and two United Nations volunteers. The Caribbean Area Office in Barbados will provide supervision and technical and administrative

support on an ongoing basis. The costs of the Liaison Office in Guyana will be covered by the programme budget, while the support from the Area Office will be covered by the UNICEF administrative budget.
